STATEMENT OF ORGANIZATION			OFFICE USE ONLY
1. Name and Address of Committee The Committee to E RONNY THERIOT, S 1005 SIMEON UALN ST. MARTINUILLE, Check If: New Committee	HERIFF RIE	2. Date of this Statement 1-1-16 3. Estimated Membership 5 4. Amended Statement? Yes X No	\$\fo\ 1/15 #896396 #1384
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address Therefore Chairperson 1005 LaRue Simeon Value, St. Martinuille La. Treasurer 216 TERESA DRIVE, ST. MARTINUILLE LA. NOTHERIOT TOURS TO			
Affiliated Organizations (Any organization, other than a political commit a. Name		directly established, administers, or	financially supports this committee.) c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) a. Name MID-South BANK 200 W. PORT STREET ST. MARTINUILLE LOUISIANA 16582			
8. IF THIS COMMITTEE SUPPORTS A SINGLE Committee b. Name of Candidate			c. Office Sought by the Candidate
9. a. Name of Person Preparing Report DAR b. Daytime Telephone 337-394	REN DOR	AERIUT E	SHERIFF 29
10. WE HEREBY CERTIFY that the information coand belief. This day of ANUARY		MENT OF ORGANIZATION is true ar	d correct to the best of our nowledge, information
Signature of Committee Chairperson Album Signature of Committee Treasurer,	Thereat		17-394-5259 time Telephone Number